

We are

Fall 2025

Practical Nursing

**Today's RPN Redefined:
Practical Meets Incredible**



We RPN

Registered Practical Nurses
Association of Ontario

How RPNs Shape Healthcare Through Innovation and Example

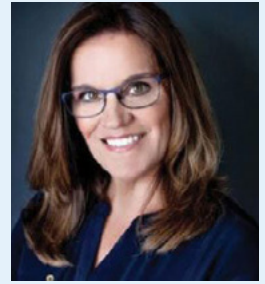
13

Leading Without the Title: How RPN's
Shape Healthcare Through Innovation
and Example

Contents

- 3 **CEO's Message**
The Power and Future of Practical Nursing
- 4 **President's Message**
Today's RPN Redefined: Practical Meets Incredible
- 5 **Research**
Caring for Residents with Post-Stroke Spasticity: Insights from RPN-Led Research
- 7 **Careers, Nursing**
From Practical to Powerful: An RPN's Journey in Innovation at CHEO
- 9 **WeRPN News & Updates**
2025 Board of Directors
- 11 **FEATURE**
Bridging Two Worlds
Creating Culturally Safe Cancer Care for Indigenous Patients
- 13 **FEATURE**
Leading Without the Title
How RPNs Shape Healthcare Through Innovation and Example
- 16 **Nursing, Research**
From the WeResearch Desk: Fall 2025
- 17 **We are Advocates**
Queen's Park Dispatches

The Power and Future of Practical Nursing



As we step into the fall season, I find myself reflecting on the incredible practice of Registered Practical Nurses (RPNs) across Ontario. At WeRPN, we have been using the phrase “practical meets incredible” — because time and again, we see RPNs delivering care that is both grounded in skill and infused with compassion, making a profound difference in the lives of patients and families.

Our mission has always been to make the value of RPNs known across the province, and this remains at the heart of everything we do. When we present awards at our Annual General Meeting, we celebrate remarkable individuals, just like we do in this Journal. But let me be clear: those we feature are not exceptions. They are representative of the excellence we see in RPNs every single day. The stories we share are not unusual but are reflections of the consistency of incredible practice across our profession.

Anyone who has been cared for or worked with an RPN doesn't need convincing when it comes to your worth because they live this truth every day. Your expertise, compassion, and commitment make our job at WeRPN easier, because your practice speaks for itself. What we owe you, in return, is to ensure that your voices are heard, your contributions are recognized, and your role is championed at every table where decisions about health care are made.

“
We are working to ensure that the value of RPNs is not only recognized but embedded in the future of Ontario's healthcare system.

That is why we promise to continue being a powerful source for you every day. Through ongoing advocacy efforts — from policy conversations at Queen's Park to collaborations with health partners across the system — we are working to ensure that the value of RPNs is not only recognized but embedded in the future of Ontario's healthcare system.

This fall, as we celebrate award winners and share your incredible stories of innovation and leadership from across the province, remember you are not the exception. You are the example. And WeRPN will continue to stand beside you, advocating powerfully on your behalf, and working to secure the recognition and support you so deeply deserve. Keep being incredible!

A handwritten signature in black ink that reads "Dianne Martin".

Dianne Martin, RPN
CEO, WeRPN

Today's RPN Redefined: Practical Meets Incredible



As I reflect on my journey as an RPN and my role as your President, I am reminded every day of the incredible impact that RPNs have across Ontario. It is an honour to serve such a dedicated group of professionals whose care, compassion, and expertise truly redefine what it means to be a nurse today.

The theme of this Fall Journal, "Today's RPN Redefined: Practical Meets Incredible," could not be more fitting. RPNs embody the perfect balance of practical knowledge and incredible commitment, and it is this combination that makes us so essential to the health care system. Time and again, I hear stories of RPNs leading in innovative ways, whether formally in leadership roles or informally by mentoring colleagues, supporting patients, and advocating for change in their workplaces. These examples are not the exception. They represent what RPNs do every day across every corner of the health system.

One of the great privileges of my role is witnessing the consistency of this incredible practice. No matter the setting, hospitals, long-term care, home care, or community health, RPNs are there, showing up with skill and compassion. We face challenges, often without the recognition we deserve, yet we continue to provide the kind of care that patients, families, and colleagues already know to be invaluable.

As leaders in our profession, we must not only recognize our own worth but also continue to advocate for systemic change. We must take every opportunity to ensure that RPN voices are heard and respected, not just at the bedside, but in boardrooms and policy discussions that shape the future of health care. I urge each of you to embrace the leader within, to take risks, to explore new possibilities, and to be confident that your contributions matter.

“
RPNs are transforming health care systems through small but innovative changes that create significant and lasting impact.

This edition of the Journal highlights RPNs who are redefining what's possible in new and exciting ways. In [Research Redefined](#), we explore how WeRPN is opening doors for greater RPN involvement in research — from RPN-led projects to meaningful roles on interprofessional research teams. In [Practical to Powerful](#), we showcase how RPNs are transforming health care systems through small but innovative changes that create significant and lasting impact. These stories remind us of what we already know to be true: RPNs are practical, yes, but above all, they are incredible.

As your President, my commitment is to amplify your voices and ensure your impact is recognized. Together with WeRPN, we will continue to be a powerful advocate on your behalf. The future of health care depends on the consistency, the strength, and the innovation of RPNs, and I could not be prouder to lead alongside you as we continue to redefine nursing in Ontario.

Thank you for the privilege of serving as your President. I look forward to the journey ahead and to celebrating all that RPNs bring to our profession and to the people of Ontario.

Angela, RPN
President, WeRPN Board of Directors



Caring for Residents with Post-Stroke Spasticity: Insights from RPN-Led Research

Amanda McIntyre PhD RN, Jennifer Walker RPN

Post-stroke spasticity (PSS) is a condition that affects up to one in four stroke survivors. Spasticity can cause painful stiffness, contractures, and loss of mobility. In long-term care (LTC), where more than 20% of residents have a history of stroke, spasticity is often present but under-recognized. Registered Practical Nurses (RPNs) make up most of the nursing workforce in LTC and managing PSS can add to the physical and emotional demands of their care. Despite this, there has been little research focused on how RPNs understand and respond to spasticity in everyday practice. As part of a WeRPN-funded RPN Research Fellowship, we explored this issue by asking: What do RPNs know about post-stroke spasticity? How does it impact their work and the residents they care for? And what supports are needed to improve care?

A COLLABORATIVE RESEARCH JOURNEY

This project was a true collaboration between academic mentor Dr. Amanda McIntyre and RPN Research Fellow Jennifer Walker. Through a series of semi-structured interviews with 26 staff members working at Mount Center for Long Term Care in London, Ontario, we gathered deep, practice-based insights into how spasticity is experienced and managed on the frontlines. For Jennifer, the Fellowship was a chance to grow personally and professionally. Jennifer reflected, “Being part of this project opened my eyes to how research can drive meaningful change in LTC,” she said. “It gave me confidence to contribute in new ways, and I’m excited to continue working with Amanda on future projects.”

WHAT WE LEARNED: SEVEN KEY THEMES

The nursing staff we spoke with brought forward rich, firsthand experiences of caring for residents with PSS. Seven major themes emerged:

1. SPASTICITY IS COMMON BUT NOT ALWAYS RECOGNIZED

While many staff observed symptoms like stiffness or contractures, the term “spasticity” was not always familiar or consistently used. Estimates of how common it was varied widely.

2. RESIDENT QUALITY OF LIFE IS DEEPLY AFFECTED

Spasticity interfered with nearly every activity of daily living, from toileting and dressing to mobility and recreation. Residents often experienced frustration, chronic pain, and a loss of independence. The psychological toll was especially evident in those who were cognitively aware of their limitations.

3. SPASTICITY INCREASES STAFF WORKLOAD AND BURNOUT

Staff described the physical demands of caring for residents with tight limbs, the time required for transfers and repositioning, and the need for two-person assists or mechanical lifts. This added to emotional strain and sometimes led to feelings of burnout.

4. MANAGEMENT STRATEGIES ARE INCONSISTENT

Treatment approaches varied widely, and staff often felt unsure about the best strategy. While physiotherapy, stretching, and botulinum toxin injections were often effective, not all residents had access.

5. THERE IS NO STANDARDIZED MODEL OF CARE

All participants reported that there was no formal approach to managing spasticity. Care was largely reactive and dependent on individual experience and informal team collaboration.

6. TRAINING GAPS LIMIT CONFIDENCE AND CARE QUALITY

Most staff had received little to no formal education on spasticity and learned primarily through experience. There was a strong desire for more structured training, especially hands-on workshops and in-services.

7. RESIDENT AND FAMILY INVOLVEMENT IS INCONSISTENT

While staff tried to include residents and families in care planning, this was often limited by cognitive impairment or systemic barriers. Participants emphasized the need to align care with residents’ goals and preferences.

What We’re Doing Next

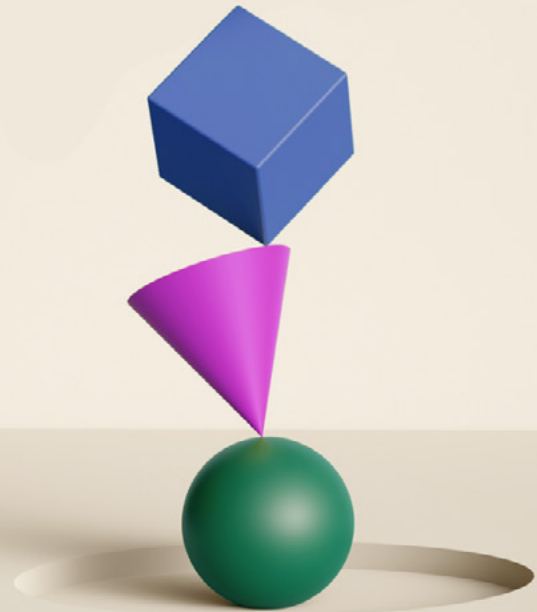
These findings confirm that spasticity is a serious condition that impacts both residents and staff, yet it often flies under the radar. To build on this work, we launched a follow-up quantitative study assessing the prevalence and impact of spasticity among nearly 300 residents. We’re also preparing to pilot a new Spasticity Screening Tool in LTC practice to help RPNs identify the condition earlier and respond more consistently. Our goal is to make post-stroke spasticity visible and manageable within the realities of LTC.

A Call to Action

RPNs are essential in providing high quality care in LTC settings. Our research highlights the need for greater education, standardized tools, and formal care pathways that support both residents and the nurses who care for them. We hope our work encourages other RPNs to ask important questions, pursue professional development, and participate in research that improves care.

We would like to graciously acknowledge the support of this work by the Registered Practical Nurses Association of Ontario (WeRPN). We also thank St. Joseph’s Health Care London and the team at Mount Hope for their ongoing support.

An RPN's Journey in Innovation at CHEO



From Practical to Powerful

For nearly 25 years, Laura Strachan, RPN, has been a steady presence in the Children's Hospital of Eastern Ontario (CHEO)'s Inpatient Medicine unit. Her path to nursing was nontraditional, her impact significantly demonstrated how RPNs can lead meaningful innovations in healthcare systems.

A Career That Began Unexpectedly

Nursing was not part of her original plan. After completing a degree in Recreation and Leisure Studies, Laura expected to pursue a different path. But when her husband became ill, extended time in hospital led her to reimagine her future.

"I hadn't really considered nursing before," she explains. "But watching one nurse in particular made me think, I could do better — with more compassion. That experience sparked an interest I didn't even know I had."

With two young children at home and limited access to university programs in the Georgian Bay area, the one-year RPN program offered the most practical option. What began almost by accident quickly became a lifelong career.

Bringing Play into Care

Laura's background in Recreation and Leisure Studies continues to influence her approach. She sees parallels between helping people live enriched lives and supporting patients to reach their full potential.

"In recreation, you're helping people live their best lives — and in nursing, it's the same," she says. "Sometimes that means addressing medical issues, but sometimes it's simply through play, music, or recreation. Those tools can still help children live as fully as possible."

Devotion to Pediatrics

Drawn to children's care from the outset, she was determined to work at CHEO, where she herself had been a patient. She has remained in the Inpatient Medicine unit for over two decades, specializing in care for babies and toddlers, many of whom are graduates of the neonatal intensive care unit (NICU).

Laura emphasizes the importance of long-term relationships with families: "I love the teaching aspect — helping parents learn how to feed their child safely or empowering them to manage care at home. It's incredibly rewarding to see babies progress into toddlers and to watch families grow in confidence.

That connection, she says, has kept her motivated year after year: "Their resilience inspires me. The babies are forgiving, joyful, and they remind us of what really matters."

Innovating Through Technology

In 2017, Laura stepped into a new role as a Super User during CHEO's launch of Epic, the hospital's electronic health record system. Though computers had never come naturally, she embraced the chance to receive advanced training and support her colleagues.

"I loved the teaching aspect of it," she recalls. "I could sit with colleagues who were struggling, walk them through it, and we'd often learn from each other. The younger nurses had so much to teach me, too."

The role highlighted how RPNs can bridge clinical care and informatics – and it sparked her ongoing interest in improving digital systems for staff and families alike.

Virtual Rounds in a Pandemic

Laura's leadership became especially visible during the COVID-19 pandemic. With restrictions limiting how many people could enter patient rooms, traditional in-person rounds became impossible. To preserve collaboration and family involvement, she helped pioneer **Virtual Rounds** on her unit.

The model connected physicians, nurses, and families through secure video platforms. Nurses acted as liaisons, providing iPads and facilitating conversations between families and medical teams.

"It wasn't perfect – technology was new for many of us, and there were challenges with privacy, comfort, and connectivity," she admits. "But parents were again part of the plan, and that was the most important thing. Many even preferred it, because it felt less overwhelming than ten people standing at their child's bedside."

Weekly reviews allowed the team to refine the process, and ultimately, Virtual Rounds became a vital bridge during a time of disruption.

A Philosophy of Small but Meaningful Change

Laura's approach to innovation is rooted in attentiveness. "Honestly, a lot of it is just listening," she says. "Families and nurses will tell you what's not working, if you pay attention. Sometimes the solution is a small tweak that makes the day easier. You don't always need a big system overhaul."


Her philosophy has earned her credibility with colleagues over time. "At first there was skepticism – people thought, 'Here she goes again with another idea,'" she laughs. "But as things worked, the trust grew. Now people come to me for help, and the organization has been really supportive, especially in giving me time to work in clinical informatics."

Looking Ahead

Today, Laura is eager to continue shaping how technology supports both nurses and families. She hopes to streamline Epic documentation, reduce administrative burdens, and expand tools that provide families with real-time information.

Her advice to other RPNs is simple but powerful: "Don't be afraid to speak up. Your perspective matters, even if you think, 'I'm just an RPN.' Find allies, be persistent, and believe that your voice counts. Change in healthcare is slow, but it is possible."

From bedside care to digital transformation, Laura's career shows how RPNs can drive both practical improvements and system-wide innovations. As she puts it: "I may not have set out to be a nurse, but I can't imagine doing anything else."



"Sometimes the solution is a small tweak that makes the day easier. You don't always need a big system overhaul."

2025 Board of Directors



REGION 1

BLANCHE DUROCHER, RPN

Director of Personal Support Care

Blanche Durocher is SE Health's organizational Director of Personal Support Care, and she is a proud member of the Professional Practice Leadership Team.

While studying Psychology and Sociology at the University of Windsor, Blanche's grandmother became seriously ill. Blanche was her main caregiver and quickly realized that nursing was her calling. Blanche earned her bachelor's degree while simultaneously taking nursing at St. Clair College, caring for her ailing grandmother, and working as an attendant care worker/health care aid.

After graduating, Blanche practiced nursing in the acute care sector, in rehab case management, and in long term care prior to falling in love with community nursing. Blanche joined SE Health over 20 years ago. The first decade, she practiced as a visiting RPN in the west-end and downtown Windsor area. During this time, Blanche took as many additional courses as possible to continue to learn and grow, including bridging to diploma. The Regional Director at the time recognized Blanche's leadership potential and asked her to apply for a supervisory position. Blanche accepted

the challenge and began leading a wonderful team of PSWs for several years, many of which she remains connected with to this day.

With the support of her husband and 2 daughters, Blanche earned a Post-Baccalaureate Diploma in Management from Athabasca University, while working full-time as a PSW Supervisor and continuing her volunteer work. This prepared her for the opportunity to take on an interim Regional Director role and then accept her position as the organization's Director of Personal Support Care. Blanche considers herself a life-long learner and has returned to Athabasca University and is working towards a Master of Arts – Interdisciplinary Studies degree with a focus on Leadership and Equity.

Blanche has been a guest lecturer at Collège Boréal; she has participated in the PSW Education Advisory Council with St. Clair College and SECCH; and she is the president of the board of directors and program advisor for The House Youth Centre in Amherstburg. In her spare time, she enjoys crafting and sending gifts to her friends and colleagues.



REGION 3

JESSICA LAVIS, RPN

Registered Practical Nurse & Infection Control Professional

Jessica Lavis is a dedicated healthcare professional with nearly a decade of nursing experience across both community and acute care settings. After graduating with distinction from the Practical Nursing program at Conestoga College in 2016, she began her career as a Telemedicine Nurse, quickly advancing to a leadership role managing 10 telemedicine clinics across Ontario.

In 2018, Jessica transitioned into acute care at the Brant Community Healthcare System, serving as a Centralized Resource Nurse and gaining broad clinical experience across a variety of units including medical, surgical, emergency, palliative, rehabilitative, mental health, and stroke care. Her passion for quality improvement and patient safety led her

to the field of Infection Prevention and Control in 2022. She recently completed her certification exam in Infection Control in 2025, further demonstrating her commitment to advancing healthcare standards and safety.

Jessica has been a committed member of WeRPN since 2014 and is currently a Mentor through the WeRPN Mentorship Program. Although Jessica's nursing career has moved away from direct patient care, she is passionate about enhancing the quality of nursing care and staff/patient safety. She is also actively involved in hospital redevelopment and the Nursing Quality Council at her facility.



REGION 5

SHARON HUNTER, RPN, IIWCC, SWAN

Board Member

Sharon Hunter is a dedicated Registered Practical Nurse with 18 years of experience across diverse healthcare settings, including long-term care, retirement homes, home care, and specialized wound and foot care clinics. She is currently serving her second term on the WeRPN Board of Directors, representing Region 5, and is passionate about continuing her advocacy and leadership within the nursing profession.

Sharon holds advanced certifications, including the Skin Wellness Associate Nurse (SWAN) designation through WOC Institute, the International Interprofessional Wound Care Course (IIWCC) from the University of Toronto, and an Advanced Foot Care Certificate. She is the SWAN Director on the NSWOC Canada board and has participated in development of guidelines and recommendations for care of patients

experiencing lower leg wounds, diabetic foot complications and pressure injuries.

In her current role in community, she works as a RPN within an interdisciplinary team as part of a health neighborhood model of care. She has also taught Personal Support Workers (PSWs) and mentored many practical nursing students and colleagues.

A strong advocate for equity, collaboration, and innovation in healthcare, Sharon is deeply committed to creating meaningful change and improvements for patients, RPNs and others in our healthcare systems. Outside of her professional work, she enjoys spending time with family and friends, exploring the outdoors and waterways, and expanding her knowledge through audiobooks and self-development pursuits.

BRIDGING TWO WORLDS



When Leonard Benoit introduces himself, he begins by sharing his name in the Mi'kmaq language which translates to Circling Wolf. "I come from Miawpukek First Nation, on the territory of Newfoundland and Labrador." For 25 years, Leonard has been a Registered Practical Nurse (RPN). Today, he serves as the Indigenous Patient Navigator with the Toronto Regional Cancer Care Program, a role that allows him to walk alongside First Nations, Inuit, and Métis patients through one of the most difficult journeys of their lives: a cancer diagnosis.

A Different Kind of Nursing Care

As a navigator, Leonard's work is wide-ranging. Some days, he explains complex test results in plain language. Other times, he sits quietly with patients, offers them cedar tea, or ensures access to traditional medicines and ceremony. At end of life, he helps families plan whether that means regalia for burial, a smudging ceremony, or a return to the land.

"Most of the work I do is about creating safety," he says. "Sometimes patients will say things to me they wouldn't share with their own families. I give them space to talk about death and dying, or who will speak for them when they no longer can."

Leonard also advocates at the systems

level by encouraging hospital policies that allow for smudging, ceremonial drumming, or the inclusion of traditional foods. "We have to ask: if someone wants rainbow trout [for example], how do we make that possible in a hospital setting? These things matter."

Confronting Racism and Bias

For many Indigenous people, simply walking into a hospital is fraught with fear. Leonard notes that an estimated 80% of Indigenous patients anticipate racism before they even arrive at a hospital. Past experiences of discrimination shape how, or even if, they seek care.

"Access to care isn't just about

geography," Leonard explains. "You could live next door to a hospital, but if your last experience was dismissive or racist, how do you ever feel safe going back?"

The stigma is real, and patients worry about being seen as "drug-seeking" or being treated as less deserving of care. Leonard's presence helps counter those biases by ensuring Indigenous patients are heard and respected.

Success Through Ceremony and Community

When it comes to preventative care, Leonard has seen how culturally grounded approaches make a difference. For example, breast screening events led by Indigenous staff and elders are always

“Our medicines have worked for thousands of years. I help patients and providers have those conversations, so people don’t feel forced to choose between their culture and their treatment.”



rooted in ceremony, food, and community.

“We gather women together, explain what screening is in simple terms, and support one another. There’s always food. There’s always an elder,” Leonard says. “That approach builds trust. When people have a good experience, they’re more likely to come back, more likely to follow up and if they do get a diagnosis, they know they have someone to call.”

INCREDIBLE FIRSTS

Leonard recalls the moment he helped arrange the hospital’s first cedar bath for an Indigenous patient and their family. What began with fear and distrust of the healthcare system shifted when Leonard created space for ceremony, smudging, and traditional medicines. By staying with the family, listening, and advocating for their cultural needs, he helped build trust and comfort during a difficult time. “I did my job as a navigator and a nurse,” Leonard reflects, “to make sure families and patients get their needs met.”

Walking Between Two Worlds

Leonard acknowledges there can be friction between Western medicine and Indigenous traditions, particularly when oncologists discourage patients from using traditional indigenous medicines. He sees part of his role as a bridge.

“[The Pharmacy Industry] was built on the backs of Indigenous medicine,” he says. “Our medicines have worked for thousands of years. I help patients and providers have those

conversations, so people don’t feel forced to choose between their culture and their treatment.”

He also emphasizes the importance of spirituality in Indigenous concepts of health. “If you only treat the physical body and ignore the spiritual, there’s an imbalance. Ceremony and spirituality are central to wellness for our people.”

Advice for RPNs

For new RPNs caring for Indigenous patients, Leonard’s advice is simple but powerful: “Come with humility. If you don’t know something, be honest – say, I don’t know, can you tell me? Always introduce yourself, be present, and treat that person as someone’s aunt, uncle, grandmother, or child. Sometimes nursing isn’t about what we do with our heads, but what we do with our hearts.”

Building Cultural Safety Together

Leonard’s work is one example of how RPNs are leading change and creating culturally safe healthcare environments. His story underscores the importance of relationships, respect, and recognition of Indigenous knowledge in cancer care and beyond.

WeRPN is committed to supporting RPNs in this journey. Explore our **Indigenous Health Equity resources** which are designed to help nurses learn, reflect, and act toward creating culturally safe care for all patients.

As Leonard says, “I’m not here to do the work for patients. I’m here to do it with them. To walk alongside, so they can take ownership of their own health.”

How RPNs Shape Healthcare Through Innovation and Example

When we talk about leadership in nursing, the conversation often turns to titles: manager, supervisor, director. But leadership doesn't always require an office or a formal designation. For Registered Practical Nurses (RPNs), leadership often happens at the bedside, in projects and initiatives, and

through the everyday choices they make to support their colleagues and patients. Two RPNs – Lindsay Eagleson and Hafsa Sallad – show how leadership in practice is as much about courage, creativity, and curiosity as it is about any job description.

FROM PSW TO INNOVATOR: LINDSAY'S PATH

Lindsay Eagleson's nursing career began in an extraordinary time. After starting as a PSW, she became an RPN in 2019, just before the pandemic reshaped healthcare. Within months of starting her first job in a retirement home, she found herself at point of care, responsible for dozens of residents.

"It was scary and overwhelming," she recalls. "But then I realized – if they trust me with this, I can do it. That was empowering."

After only three months on the front lines, Lindsay was promoted into management. Today, she is Director of Health and Wellness at Parkwood Seniors Community in Waterloo, leading a team of RPNs. Still, her perspective on leadership hasn't changed. For her, it's about accountability, modelling the right behaviours, and setting an example that others can follow.

One of Lindsay's proudest achievements came when she was

still a frontline RPN. Frustrated by outdated paper care plans, she taught herself how to build content in her organization's electronic charting system. She created new online assessments that automatically updated resident care plans and led to improved accuracy, communication, and safety.

Not everyone embraced the technology right away. "Some nurses had only ever used paper, so it felt overwhelming. But once I sat down with them and walked through it, they saw the benefits. It wasn't resistance so much as a learning gap," she explains.

Beyond technology, Lindsay leads through culture. As the lead of her care home's "Kindness Committee" she developed a program called Drop in the Bucket, where staff nominate each other for acts of kindness or teamwork. Each month, both the nominee and nominator are celebrated with a small reward. "It's about noticing when people make a difference, and acknowledging it," she says.

Lindsay Eagleson, known by colleagues for turning ideas into action, brings innovation and compassion to senior care at Parkwood Seniors Community.



Her advice for new RPNs who aspire to lead? Stay open to opportunities and let your passions guide you. “I didn’t know I loved implementing and innovating until I tried it. You never really know the path until you’re on it. And leadership doesn’t always mean management – it’s about finding where you can make the biggest impact.”

INCREDIBLE FIRSTS

Lindsay’s incredible first happened in 2020 when she and her team received their first rapid COVID-19 test. Up until then, LTC residents with symptoms had to endure invasive PCR tests and wait days for results which created an anxious limbo for staff and families alike. Holding that first rapid test felt surreal. “It kind of blew my mind that this little thing could tell you in seconds if someone had COVID,” Lindsay reflects. What once felt like a box of gold quickly became a lifeline, helping staff identify cases in real time and protect residents more effectively. It was a first that transformed both care and confidence during an uncertain time.

CURIOSITY AS A COMPASS: HAFSA’S JOURNEY

Like Lindsay, Hafsa Sallad’s career shows that leadership can start with a single question. As a nursing student and later a clinical extern at St. Joseph’s Healthcare Hamilton, Hafsa noticed a hand hygiene coordinator walking the halls. Curious, she asked what the role involved. That simple conversation opened a door: Hafsa began volunteering, gained experience, and eventually stepped into the position herself.

Today, Hafsa is St. Joe’s Hand Hygiene Coordinator, implementing the Just Clean Your Hands program across multiple hospital sites. She audits units, updates policy, identifies gaps in infrastructure, and reminds colleagues, sometimes to their playful groans, about the critical importance of proper handwashing.

“I get teased sometimes as the ‘hand hygiene lady,’” she laughs. “But I know I’m contributing. Infection control depends on it, and my colleagues look to me for that piece.”

Hafsa’s career has been defined by saying yes to unconventional opportunities. Alongside bedside work, she supported Niagara Health’s transition from paper to electronic

“ I didn’t know I loved implementing and innovating until I tried it. You never really know the path until you’re on it. And leadership doesn’t always mean management - it’s about finding where you can make the biggest impact.

charting as a “HIS Go Live Support” nurse. Placed on a labour and delivery unit during the rollout, she drew on her clinical skills to support staff in real time. “Change is hard in any environment, but in a hospital, it’s high stakes. My bedside experience meant I could step in and help in critical moments. That built trust.”

For Hafsa, leadership is about initiative and shared purpose. “Anyone can lead, with or without a title. It’s about doing something for the greater good, even when it means sacrifice.”

She urges new RPNs not to be limited by job postings or titles. “Experience is experience. The small roles add up. Be curious, ask questions, look for opportunities – even if the door is only slightly open, take the step.”

REDEFINING LEADERSHIP

Both Lindsay and Hafsa show how RPN leadership is often about mindset rather than mandate. Whether it’s reimagining care plans, fostering kindness among colleagues, or advancing infection control, their leadership is rooted in service, creativity, and the willingness to ask: What more can I do here?

Leadership without a title may not always be recognized on an org chart, but it’s essential in healthcare. It ensures innovation, strengthens teams, and ultimately improves patient care. As Lindsay and Hafsa demonstrate, RPNs are not just caregivers but change makers, role models, and leaders in every sense of the word.

Hafsa Sallad, known by colleagues as the hand hygiene lady, brings leadership and humour to infection control at St. Joe’s



From the WeResearch Desk: Fall 2025

Jen Calver, RPN, MHSc, GPNC(c)

Research evidence about Registered Practical Nurses (RPNs), and from RPNs is gaining traction in the literature.

WHY IS THIS IMPORTANT FOR RPNs?

Literature sources are a vital tool so that nurses are able to access current research used to guide best practice, enhance patient care, and inform policy and nursing programs.

Findings from a 2014 literature review found only one RPN-focused publication that was published by WeRPN (formally RPNAO) titled **'It's All About Synergies: Understanding the Role of the Registered Practical Nurse in Ontario's Health Care System'**. As nurses continued to face challenges of role ambiguity, conflict, and role confusion, WeRPN advocated for increased representation of RPN's in the literature and RPN engagement in research-driven literature. By 2022, a scoping review of the literature found the number of RPN publications had increased to 18.

With more than 59,000 RPNs working in Ontario, it became urgent to raise greater awareness of our nursing category. The small increase of 17 RPN-focused publications over eight years remained insufficient to capture information and research-driven evidence about the role of RPNs and issues that matter most to RPNs. WeRPN endeavoured to increase available information about the vital role of RPNs on key research priorities forged through consultations with RPNs and the broader health, education, and research communities.

IMPACT OF RPNs IN RESEARCH

Since 2021, the WeResearch Infrastructure was established to lead, sponsor, partner and contribute to research in order to generate increased representation of RPNs in the literature. Acknowledging RPNs for their professional knowledge, skills, and experiences, WeRPN opened opportunities for RPNs to build capacity and capabilities in research and advocated for RPNs to engage as members of a research team, as research participants, research advisors and collaborators and to strengthen the relevance and impact of the research findings.

Relationships between researchers, organizations and RPNs have been reported to be beneficial for all those involved in the study and have helped to strengthen the impact and relevance of the research findings. RPNs have reported increased confidence in their practice and felt more empowered as professional advocates and contributors to research.

Researchers have expressed appreciation for the expertise and insights of the RPNs on their team. The growing engagement of RPNs in research and translating research findings has had a significant impact on the number of available RPN literature sources. To help RPNs, organizations, educators and health leaders access literature about RPNs, WeRPN developed a new library and made it publicly available in May 2025.

WERPN ELIBRARY

The WeRPN library is a central repository for RPN inclusive publications, presentations and other resources. RPNs have contributed to these research-driven literature sources as research participants, members of the team, and with authorship contributions. Today there are more than 79 RPN inclusive/focused literature sources, with 36 peer-reviewed scholarly articles. We expect this upward trend of RPN research-driven literature to continue with the growing collaboration between RPNs, organizations, and the broader research community.

The library has basic and advance search functions to help provide a user-friendly experience for locating key literature sources about the latest research findings and innovative approaches for RPNs.

Within the library you can find information about scholarly research publications, professional articles, briefs and commentary reports. Research presentations of key findings and recommendations and evidence-informed resources.

RPNs can access scholarly literature (peer-reviewed) to learn about the methods and methodological approaches to research, ethical conduct for human research and full study details.

RPNs seeking an overview of key findings, recommendations and impact of research can search for reports, briefs, posters, webinars, videos, and infographics to help stay up to date on the latest research.

RPNs ADVANCING RESEARCH LITERACY

Nurses are accountable for staying current with trends and evidence that support best practices in patient care. The WeRPN Library is a valuable resource, offering insights about RPNs from RPNs themselves and research partners dedicated to breaking down barriers and raising awareness of the profession.

Read the bi-monthly WeResearch Newsletter to remain current about research opportunities, ongoing research studies, and watch for upcoming publications that will be added to the WeRPN library.

As an RPN, it's encouraging to see more of our peers contributing to research by sharing their experiences, knowledge, and expertise. Expanding RPN-focused research provides nurses with more accurate and relevant information about our profession. This inclusive body of literature strengthens guidance for clinical practice, work roles, policies, and care services, helping to advance our profession as a whole.



QUEEN'S PARK DISPATCHES

NURSING WEEK 2025: ADVOCACY IN ACTION

For Nursing Week 2025 (May 12–18), we proudly supported the introduction of Bill 19, the Patient-to-Nurse Ratios for Hospitals Act, at Queen's Park, with our CEO Dianne Martin joining MPP France Gélinas for a press conference to call for safe staffing ratios that prioritize the well-being of nurses and the safety of patients. Dianne spent the day meeting with political leaders, including MPP Gélinas, Liberal Health Critic Adil Shamji, and MPP Tyler Watt (also a registered nurse), ensuring decision-makers are equipped with the insights needed to make informed choices that optimize the RPN contribution and, by extension, the entire healthcare system.

We amplified this work across our social channels, sharing a behind-the-scenes video of Dianne's day at Queen's Park and publishing a statement on our website in the midst of our broader WeRPN programming for Nursing Week, which included harm reduction and therapeutic writing workshops, a fireside chat with recent Liberal candidate and RPN Ashley Fox, and the Nursing Now Awards.

SUPPORTING INVESTMENTS IN ONTARIO'S NURSING WORKFORCE

In August, WeRPN was invited to Sheridan College for an Ontario government announcement of \$56.8 million in funding to add 2,200 new nursing education seats at colleges and universities across Ontario.

WeRPN has been a proactive and essential partner, consistently advocating for measures to strengthen Ontario's nursing pipeline, including expanding access to education and training for future RPNs. CEO Dianne Martin represented our members and emphasized the importance of ensuring that new graduates are supported to enter — and remain in — the profession with Ministers and MPPs.

We were also delighted to announce the renewal of annual funding for our Bridging Educational Grant in Nursing (BEGIN) program, which has played a vital role in enhancing professional development, fostering leadership, and improving patient care throughout the province. In the coming year, we will also focus advocacy efforts on renewal of the Nursing Education Initiative (NEI) funding.

We will continue to work with government to ensure that investments in nursing education are matched with strategies to retain experienced nurses, improve working conditions, and support safe staffing levels across all sectors. Investing in nurses is investing in the health of all Ontarians.

CELEBRATING RPNs AND SHAPING THE FUTURE AT OUR 67TH AGM

On October 23 & 24, WeRPN members from across Ontario will gather in Markham for our 67th Annual General Meeting and Conference.

This year's theme, Today's RPN Redefined: Practical Meets Incredible, will celebrate the evolution of the role of the RPN and the extraordinary impact over 60,000 RPNs make every day in hospitals, long-term care facilities, retirement homes, and communities.

Over two days, members will enjoy video as well as in-person greetings from key politicians including Minister of Health Sylvia Jones, Minister of Long-Term Care Natalia Kusendova-Bashta, NDP Shadow Minister for Health France Gelinias, and Liberal Health Critic Adil Shamji. Members can also attend inspiring keynote presentations and breakout sessions on topics like wound care, clinical workshops, IPAC, updates from CNO, the impacts of AI on healthcare delivery and more.

This year's AGM will be a true celebration of our profession and chance to connect to strengthen our collective voice, while learning from one another. Visit our event page to register and for more information.

LOOKING AHEAD: SPRING ADVOCACY DAY 2026

This spring, we'll be heading back to Queen's Park for our annual Advocacy Day. There's no better way to amplify our message than by bringing RPN voices directly to the doorstep of government.

Through targeted meetings with elected officials and a lunch reception, we'll share the lived realities and experiences of RPNs working in hospitals, long-term care facilities, retirement homes, and communities across Ontario. These conversations will ensure government leaders understand the critical role RPNs play in delivering high-quality care and the urgent need to address the challenges you face, including renewal of key funding streams.

Face-to-face advocacy is one of the most powerful tools we have to create change, and our members are a critical part of this advocacy. Stay tuned for details on how you can get involved and help make the voices of RPNs heard.



WeRPN AGM
October 23 & 24, 2025